

California Regional Water Quality Control Board, Central Coast Region
SEWAGE OVERFLOW REPORT

(Include all available details (use attachments as needed) – submit follow-up written reports as necessary)

Reporting Party		Phone / FAX	
Discharger		Phone / FAX	
Disch. Address		City	
Overflow Date	Time Reported to Responding Agency	Time Overflow Began	Time Overflow Ended
Location/Address of Overflow Origin (or nearest cross streets)			
Volume Of Overflow (Gallons)	Path Of Overflow to Termination		
Waterbodies Affected (incl. storm drain terminus), and note whether samplings and observations were taken upstream and downstream of discharge point			
Cause Of Overflow (e.g., grease, roots, vandalism, pump station failure, etc.)			

Action Taken To Stop Overflow (e.g., blockage clearing, impounding, etc.)			
Time Cleanup Began		Time Cleanup Complete	
Discussion Of Cleanup (e.g., hydro-vac., disinfection, etc.)			
Were Public Health Warnings Posted, and if so, where?		Number of overflows in same location in last three years	
If other overflows occurred at this location in last three years, provide the last two dates that insp. or maint. was conducted, and describe the actions taken			
Discussion of action taken to prevent overflows at this location (e.g., increased insp./maint. frequency, public outreach, enforcement, line upgrades or related repairs, etc)			

Agencies Notified (Please Check)	County Env. Health	Office of Emergency Services	Fish and Game	County Board Of Supervisors	Others (List)
----------------------------------	--------------------	------------------------------	---------------	-----------------------------	---------------

Is information pending that will be provided in a supplemental report?	Were pictures taken (during initial response, cleanup, and/or in observing the discharge to the waterbody)?
Signature / Printed Name / Title	Date